2009 ELECTION CYCLE SOS-ME

Delbert Hosemann SECRETARY OF STATE

Candidate Annual Report of Receipts and Disbursements Secretary of State

Candidate's Na	me did Alb	ritton		
Full Address	P.O. Box 138	29	1 Cayluni	MS 39466
_	601 590 1845	Fax	1	,
Contact Name	did Albatton	Email	Sidalbrit	ton Qyahao.com
Office Sought	Separe 40	Political	0	epublican

DATESTAND

Capitol Office

Check here if above is different from previous report

TYPE OF REPORT

January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009)......All Candidates and **Political Committees**

Termination Report (Candidate will no longer accept contributions or make campaign Required to terminate reporting expenditures and has no outstanding campaign debt obligation)

obligations

IMPORTANT

- Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (il) and (iii).
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Calendar Itemized + Non-itemized = This Period Year-To-Date Total amount of contributions Total amount of disbursements \$ 12000 + \$ 2460.27 \$ Total amount of cash on hand I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete. Signature of Candidate

Authority: Refer to Miss. Gode Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

- 1.Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
- 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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			D.1 1	E)	Page _	02	of 15
Name of Candidate	or Commi	ttee	019 Alp	ntton	Description of the second	5	
Reporting period	DAY 01.	2009	through	Dec 31	2009		
		TEN	MIZED	RECE	IPTS		

A. Source: Corporation PAC Individual Loan Other (please specify) & Kind Use of building for	Date (Mo., Day, Year)	Amount of each recelpt this period
Full pame & Guranty (The Carbit Compan) Friedrans	up!!_	\$
Mailing Address N.O. Box 14225		\$
City, State, Zip Code Tackson MS		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	//_	\$ 400.00
130 River Usen Drive Soute A	!!	\$
City, State, Zip Code	_'_'_	\$
Name of Employer (Required)	!!	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: Corporation PAC Individual Loan Other (please specify) D-Kind Fundvalser Man	Date	Amount of each receipt this period
Full name Stav Plant Couther Strategy Gr	oup 06/25/09	\$ 2000,00
Malling Address 513 North State Street	w _'_'_	\$
City, State, Zip Code JAC Ksow, MS		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAO Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	11	\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$

Reporting period Tan 01 2003 through Dec 31 2009 ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify) Assectation	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mississippi Bail Agents Assw.	06119109	\$ /000.00
Mailing Address 413 5. President St. Swite 111		\$
City, State, Zip Code Jackson, MS 39201		\$
Name of Employer (Required)	!!	\$
Occupation (Required)	Aggregate year–to-date	\$
B. Source: □ Corporation □ PAC □ Individual □ Loan Other (please specify) Assecution	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Retail Association of Mississipp	06 1 251 09	\$ 200,00
Malling Address 4 785 1-56 1. Sait 103		\$
City, State, ZIp Code Teckson MS 39206		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$
C. Source: Corporation PAC Maintidual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Spess car Medlin	6 1251 09	\$ 200,00
Mailing Address 20,0 Bx 24087		\$
City, State, Zip Code Jackson, MS 39 225		\$
Name of Employer (Required)	11	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Sidney Aller	06120109	\$ 100,00
Mailing Address 140 Orleans Circle	11	\$
City, State, Zip Code Ridgeland, MS 39157		\$
Name of Employer (Required)		\$
Occupation (Required) Gout Relations	Aggregate year-to-date	\$

Page	04_	of _	15
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Reporting period Report

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loa Other (please specify)	an	Date (Mo., Day, Year)	Amount of receipthis per	ot
	One Strategies)	06125109	\$ 250	,
Mailing Address P.O. Box 3015	J.=- /		\$	
City, State, Zip Code Drcks- ms 39207			\$	
Name of Employer (Required)			\$	1
Occupation (Required)		Aggregate year–to-date	\$	
B. Source: Corporation PAC Individual Other (please specify)	Loan	Date (Mo., Day, Year)	Amount o recei this pe	pt
Full name Reed Branson		06124109	\$ /00,	٥٥
Mailing Address 4115 Robin Dr.		!!	\$	
City, State, Zip Code Okc Kson MS		11	\$	
Name of Employer (Required)			\$	
Occupation (Required)		Aggregate year-to-date	\$	
C. Source: Corporation	Loan	Date (Mo., Day, Year)	Amount of receif this pe	pt
Full name R and J Group I	He. (Rossic Sha	1 061 301 09	\$ 500	00,0
Mailing Address 80 John Mc Mease G			\$	
City, State, Zip Code Dass field MS			\$	
Name of Employer (Required)			\$	
Occupation (Required)		Aggregate year-to-date	\$	
D. Source: Corporation	Loan	Date (Mo., Day, Year)	Amount or rece	lpt
Full name Anhenser- Busch INC		05/13/09	\$ 500.	.00
Malling Address North State St.			\$	
City, State, Zip Code CSOW , MS		_1_1_	\$	
Name of Employer (Required)		_'_'_	\$	
Occupation (Required)		Aggregate year–to-date	\$	

Page	05	of	15	
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Name of Candidate or Committee

Reporting period JAP 01, 2009

A. Source: Corporation AC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name ENPAC Mississippi	06118109	\$ 500,00
Mailing Address P. O , Box 1640		\$
City, State, Zip Code Tackson MS		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: □ Corporation □ PAC Solution □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full name Clare Hester	06/25709	\$ 500,00
Mailing Address 148 Oakhurst Trail		\$
City, State, Zip gode Riaseland MS		\$
Name of Employer (Required) Capital Resources	_/_/_	s
Occupation (Required)	Aggregate year-to-date	\$
C. Source: Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Buddy Medlin & Associated In	Jc. 061 251 09	\$ 200.00
Malling Address (0.0, Box 2408)		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Concrete Industrias Association	Iw. 061 151 09	\$ 200.00
Mailing Address		\$
City, State, Zip Code DRCKSON, MS		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$

Page	06	of _	15

Name of Candidate or Committee ___ Reporting period Jaw 01, 2019 through Pec. 31, 2009
ITEMIZED RECEIPTS

A. Source: Socorporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Swisher International INC.	061221 09	\$ 500,00
Mailing Address P.O. Box 2230	//_	\$
Jackson ville FL		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Haves Dent Public Strategies LLC	06/25/09	\$ 150,00
120 N. Congress St. Suite 900		\$
City, State, Zip Code Jackson, MS		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Harrah's Operating Company to	c. 06122109	\$ /000,00
Mailing Address P. O. Box 22232	_/_/_	\$
City, State, Zip Code		\$
Name of Employer (Required)	11	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Adams & Reese	061 22-1 09	\$ 250,00
Mailing Address ONC Shell Square		\$
City, State, Zip Gode Dyleans CA		\$
Name of Employer (Required)		s
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee

Reporting period_

Tell 1, 2009 through Dec. 31, 2009 ITEMIZED RECEIPTS

A, Source:	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Blych INC. (The Echols Group)	16124109	\$ 250.00
Mailing Address J-55 Nov4h		\$
City, State, Zip Code DACKSON MS		\$
Name of Employer (Required)	//_	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: Corporation PAC I Individual I Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Hospitality & Restaurant Assoc. PAC	07123109	\$ 200.00
Mailing Address 130 Riverview Drive Suite A	_'_'_	\$
City, State, Zip Code		s
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Advance America	04122109	\$ 500,00
Mailing Address 135 N. Church St		\$
City, State, Zip Code Sparker by SC	11	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Tellus Operating Group, LC	861 181 09	\$ 250,00
Mailing Address 602 Crescent Place Suite 100	11	\$
City, State, Zip Code and MS		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$

Page	08	of	15
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Name of Candidate or Committee

Sid Alborton

Reporting period Tai 01 2009

through Dec 31, 200

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Tower Loan	06 109 1 09	\$ 250,00
Mailing Address (P.O. Box 32000)		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: Corporation © PAC D Individual D Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Spectrum Tide UC	06 125 109	\$ 200.00
Mailing Address)81 Carson Street		\$
City, State, Zip Code Dacks on MS		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Ilivois Film Political Action Comm.	06 1 18 1 09	\$ /000,00
Mailing Address 15301 Ventura Blad Building E		\$
Sherman Oaks CA		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Spectrum Realty UC	06/25/09	\$ 200.00
Malling Address 81 Carson St.	11	\$
City, State, Zip Bode The Ker MS	11	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$

Page	09	of	15	
Page		. 01	13	

Name of Candidate or Committee _

Reporting period___

TEMIZED RECEIPTS

A. Source: Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Spectrum Condos CCC	06125109	\$ 200.00
Mailing Address 781 Carson St.		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: № Corporation □ PAC □ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Spectrum Purgnoise UC Mailing Address	06 125 1 09	\$ 200,00
Mailing Address	_/_/_	\$
City, State, Zip Code Juckson, MS		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Spectrum Capital CC.	06125109	\$ 200,00
Mailing Address 781 Carson St	_1_1_	\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MACDAC (MS Asphilt)	06122109	\$ /000,00
Mailing Address 11 North President St.	-1-1-	\$
City, State, Zip Code Tacksow, MS		s
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Sid Albritan	Page of
Reporting period Jaw 0), 2009 through Dec 31, 2009	
ITEMIZED RECEIPT	ΓS

A. Source: Corporation PAC Undividual Loan	Date	Amount of eac
Other (please specify)	(Mo., Day, Year)	receipt this period
Malling Address a Denjamin	06/25/09	
1.0. Dox 4423		\$
City, State, Zip Code TACKSON, MS		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
3. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of eac receipt this period
Worth Thomas	06125107	\$ 200,00
Address P. O. Box MY	_'_'_	\$
Jacksev MS	_'_'_	\$
Self		\$
ccupation (Required)	Aggregate year-to-date	\$
. Source: □ Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
III name MNA PAC	06/25/09	\$ 200,00
3) Woodsnew Place	//	\$
Madison, MS		\$
ame of Employer (Required)	_1_1	\$
ccupation (Required)	Aggregate year-to-date	\$
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
WB (ousolidated	06/25/09	\$ 250.00
170 North West St.		\$
me of Employer (Required)		\$
	11	s
cupation (Required)	Aggregate year-to-date	\$

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	Sid Albriton	Page _		_ of	13	_
Name of Candidate or Committee	JIO Albutton					
Reporting period Jw 01, 2009	through Dec 31, 2005		*			

ITEMIZED RECEIPTS

A. Source: Corporation PAC Eindividual Lo	an	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Tom Wallace		06 125 109	\$ /00.00
Malling Address P.o. Box Zoo 73		_/_/_	\$
City, State, Zip Code		11	\$
Name of Employer (Required)			\$
Occupation (Required) Laboust		Aggregate year-to-date	\$
B. Source: Corporation PAC Individual Other (please specify)	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Kelly Mardwick		06/25/05	\$ 100,00
Mailing Address' North Congress	Suite 904		\$
City, State, Zip Code TACKS ON MS			\$
Name of Employer (Required)		11	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: Corporation PAC Individual Other (please specify)	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Isle of Capi		18124109	\$ /000,00
Mailing Address		11	\$
City, State, Zip Code			\$
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	\$
□ Other (please specify)	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Mississippi Indepent	Rx PAC	091224-09	\$ 100.00
Mailing Address 4209 (akeland Dr.			\$
City, State, Zip Code Plowood MS		11	\$
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Sid Albuttow	Page /2	of <u>15</u>
	1	
Reporting period Through Dec 31, 2009 ITEMIZED RECEIP		
A. Source:	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Derbury Orshore LLC	07107109	\$ 500,00
Malling Address 5100 Tewnson Parkway Swite Doo		\$
City, State, Zip Cod	_1_1_	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS. Road Builder Assoc. PAC	06116109	\$ 250,00
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Pharmacentical Research and Manufacturers	06125109	\$ 250,00
Mailing Address 11 North St	_'_'_	\$
City, State, Zip Code Raton Rouge CA		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Ameristan	<u>07101109</u>	\$/000,00
Mailing Address	2 0	

City, State, Zip Code

Occupation (Required)

Name of Employer (Required)

\$

\$

Aggregate year-to-date

(*)	Oct And	Page/3_ of _/5
Name of Candidate or Committee	Old Alberton	
Reporting period Jan 01, 2009	through Decise 200	9
	MIZED RECEIP	TS

TI LIVIIZED ALCEIP	13	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Steven Browning	18/25/09	\$ 500,00
229 Coach mass Rd	12/08/09	\$ 500,00
City, State, Zip Code Madison MS		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Awnss Inc.	071 091 05	\$ 1000,00
Mailing Address 10401 LINN Station R'd Supe 200	_'_'_	\$
City, State, Zip Code	_'_'_	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mississippi Power Complany State PAC	06116109	\$ 250,00
2992 West Beach Blud	_'_'_	\$
City, State, Zip Code Gulfoort MS	''	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Norfolk Southern Corporation	01/29/09	\$ 250,00
Mailing Address	_/_/_	\$
City, State, Zip Code	_'_'_	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate yearto-date	\$

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Name of Candidate or Committee	Ubn IDN		
Reporting period The 11 2009 throu	gh Dec. 31, 200	7	
JIEMIZEL	RECEIP	IS	
A. Source: Corporation PAC Individual Los	Rn .	Date (Mo., Day, Year)	Amount of each receipt this period
Full name ATET MS PAC		D9103109	\$ 500.00
Mailing Address 25 East Capital S	+		\$
Dity, State, Zip Code Dackson & MS			\$
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: □ Corporation □ PAC □ Individual □ Other (please specify)	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
US oil & Gas Associa	thon	12-1281 09	\$ 200,00
Mailing Address 573 North State St	140		\$
City, State, Zip Code JACKSON MS			\$
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: Corporation PPAC Individual Other (please specify)	Loan	Date (Mo., Day, Year)	Amount of each recelpt this period
Full name Action Committee for P	unal Electric.	07123109	\$ 200.00
Mailing Address P. O. Box 3300			\$
City, State, Zip Coop, Kidacland MS		_1_1_	\$
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Other (please specify)	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		1 1	\$
Mailing Address			\$
City, State, Zip Code			\$
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee	Sid Albriton	Page
Reporting period 1, 2009	through Dec. 31	2009

ITEMIZED DISBURSEMENTS

A. Full name /		
Billy Heures Campaign	(Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2387	08/20/09	1000,00
City, State, Zia Code F Port MS 39505	//	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
B. Full name St. Judes Children Hospital	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 262 Darm Thomas Recu		\$ /000,80
City, State, Zip Code Memph's, TN	//	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
C. Full name Sid Albritan	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 1389		\$ /0,000
City, State, Zip Ogdq Vicanumes, MS 39466	//_	s
Purpose of Disbursement (Optional) Loan Regarment	Aggregate Year-to-date	S
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address		S
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	S
City, State, Zip Code	_/_/_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	\$
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s